

121503
16711

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	CHM-009
First Inventor	Michael John Rutter
Title	Tracheotomy Valve Unit
Express Mail Label No.	EL966243489US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status – See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 18] (preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claims - Abstract of the Disclosure </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 1] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 Completed) <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). </p> <p>6. <input type="checkbox"/> Application Data Sheet (see 37 CFR 1.76)</p>		
<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies </p>		
<p>ACCOMPANYING APPLICATION PARTS</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <ul style="list-style-type: none"> <input type="checkbox"/> Power of Attorney </p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS/PTO-SB08 or SB-1449) <ul style="list-style-type: none"> <input type="checkbox"/> Copies of IDS Citations </p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other:</p>		

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application no.

Prior Application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	38155 (insert Customer Number or attach bar code label here)
---	---

Name (print/type)	Donald E. Hasse	Registration No. (Attorney/Agent)	29,387
Signature		Date	December 15, 2003

16711
121503
U.S.P.T.O.

FEE TRANSMITTAL

(Patent Fees are subject to annual revision)

Applicant claims small entity status. (See 37 CFR 1.27)

TOTAL AMOUNT OF PAYMENT \$430.00

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number

Deposit Account Name

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee Description	Fee Paid
1001	2001		Utility filing fee	\$385.00
1002	2002		Design filing fee	.00
1003	2003		Plant filing fee	.00
1004	2004		Reissue filing fee	.00
1005	2005		Provisional filing fee	.00
Subtotal (1)		(\$) 385.00		

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from Below	Fee Paid
Total Claims	25 - 20** = 5	X 9 =	\$45.00
Independent Claims	2 - 3** = 0	X 0 =	\$0.00
Multiple Claims		=	\$0.00

Large Entity	Small Entity	Fee Code	Fee Description
1202	2202		Claims in excess of 20
1201	2201		Independent claims in excess of 3
1203	2203		Multiple dependent claim, if not paid
1204	2204		**Reissue independent claims over original patent
1205	2205		**Reissue claims in excess of 20 and over original patent
Subtotal (2)		(\$) 45.00	

** or number previously paid, if greater; For Reissues, see above

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Michael John Rutter
Examiner Name	
Art Unit	

Attorney Docket No. CHM-009

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Codes	Fee Description	Paid
		1051	Surcharge – late filing fee or oath	<input type="checkbox"/>
		1052	Surcharge – late provisional filing fee or cover sheet	<input type="checkbox"/>
		1053	Non-English specification	<input type="checkbox"/>
		1812	Filing a request for ex parte reexamination	<input type="checkbox"/>
		1804	* Requesting publication of SIR prior to Examiner action	<input type="checkbox"/>
		1805	Requesting publication of SIR after Examiner action	<input type="checkbox"/>
		1251	Extension for reply within first month	<input type="checkbox"/>
		1252	Extension for reply within second month	<input type="checkbox"/>
		1253	Extension for reply within third month	<input type="checkbox"/>
		1254	Extension for reply within fourth month	<input type="checkbox"/>
		1255	Extension for reply within fifth month	<input type="checkbox"/>
		1401	Notice of Appeal	<input type="checkbox"/>
		1402	Filing a brief in support of an appeal	<input type="checkbox"/>
		1403	Request for oral hearing	<input type="checkbox"/>
		1451	Petition to institute a public use proceeding	<input type="checkbox"/>
		1452	Petition to revive – unavoidable	<input type="checkbox"/>
		1453	Petition to revive - unintentional	<input type="checkbox"/>
		1501	Utility issue fee (or reissue)	<input type="checkbox"/>
		1502	Design issue fee	<input type="checkbox"/>
		1503	Plant issue fee	<input type="checkbox"/>
		1460	Petitions to the Commissioner	<input type="checkbox"/>
		1807	Processing fee under 37 CFR 1.17(q)	<input type="checkbox"/>
		1806	Submission of Inform. Discl. Statement	<input type="checkbox"/>
		8021	Recording each patent assignment	<input type="checkbox"/>
		1809	Filing a submission after final rejection (37 CFR 1.29(a))	<input type="checkbox"/>
		1810	For each additional invention to be examined (37 CFR 1.129(b))	<input type="checkbox"/>
		1801	Request for Continued Examination (RCE)	<input type="checkbox"/>
		1802	Request for expedited examination of a design application	<input type="checkbox"/>
Other fee (specify) _____				<input type="checkbox"/>

*Reduced by Basic Filing Fee Paid

Subtotal (3) **(\$)** **0.00**

SUBMITTED BY

Complete (if applicable)

Name (print/type)	Donald E. Hasse	Registration No.	29,387	Telephone	513-229-0383
Signature	<i>Donald E. Hasse</i>			Date	December 15, 2003